

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-043314

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

82 3017 148
FILED NOV 26 1963

1. PLACE OF DEATH

a. COUNTY

Cooper

b. CITY (If outside corporate limits, give TOWNSHIP only)

Boonville

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

St. Joseph Hospital

Length of stay in 1b

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Cooper

c. CITY

Boonville

d. STREET ADDRESS

106 Walnut

Inside Limits

Yes ☒ No ☐

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First Frank

Middle

Last Arment

4. DATE OF DEATH

November 13, 1963

5. SEX

M

6. COLOR OR RACE

W

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

6/12/1963

9. AGE (last birthday)

60

10. IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

welder

10b. KIND OF BUSINESS OR INDUSTRY

Pipe line Co.

11. BIRTHPLACE (City and state or country)

Knox Co. Missouri

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

William Arment

13b. MOTHER'S MAIDEN NAME

Ellen ???

14. NAME OF HUSBAND OR WIFE

Erma Kerner Arment

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

94

17. INFORMANT

Mrs. Erma Arment Boonville, Mo.

18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY.)

IMMEDIATE CAUSE (a)

Coronary Infarct

INTERVAL BETWEEN ONSET AND DEATH
4 days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

none

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 11-9-63 to 11-13-63 and last saw him alive on 11-12-63
Death occurred at 3:50 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

T.C. Beckett MD

(Degree title)

22b. ADDRESS

Boonville Mo

22c. DATE SIGNED

11-12-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

11/17/63

23c. NAME OF CEMETERY OR CREMATORY

Walnut Grove Cemetery

23d. LOCATION (City, town, or county)

Boonville, Missouri

24. FUNERAL DIRECTOR

ADDRESS

Goodman & Boller Boonville, Mo.

25. DATE RECD. BY LOCAL REG.

11/17/63

26. REGISTRAR'S SIGNATURE

D.G. Hooper

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

ITEM NO.

DATE AMENDED

VS 300
Rev. 4/59

1 0275

2 0275

3

4 0

5 1

6

7 0

8 2

9 4/201

10

11

12 1-0

13 1-0

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed William W. Wood

Licensed Embalmer No. 4539

P. O. Address Boonville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.